U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved
Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L. 86-257 as amended Fathers to comply may result in criminal prosecution. Since, or civil penalties as provided by 29 U.S.C. 439 or 440



## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U		2 Fiscal Year Covered From	
<u> </u>		1 / 1 / 04 Through 12/31 / 04	
3 Name and address of person filing		4 Name file number and address of labor organization	
Name	Louie E Diaz c/o Teamsters Local No 848	Name Teamsters Local No 848	
	C/O leanstell botal no old	Labor Organization File Number 001-429	
PO Box Bidg Room No If any		PO Box, Building and Room Number if any	
Street	3888 Cherry AVenue	Street 3888 Cherry Avenue	
City	Long Beach, CA 90807	Chy Long Beach, CA 90807	
State	ZIP Code + 4	State ZIP Code + 4	
5 Position in labor organization Vice President			

Enter appropriate data below if, during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose amployees your organization represents or is actively eaching to represent				
6 Name a	nd address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction or Income		
Name	TABC, Inc A	tended a couple of dinner business meetings regarding contract		
Trede Na	me Many Toyota	negotiations		
FO Box Bldg. Room No If any PO Box 2140		7.b Amount		
	caze parament Plyd			
Street	6375 Paramount Blvd	\$90 00		
Gity	Long Beach,			
State	CA ziP Code +4 90801-23	40		

Signature

15 Signature and varification. The undersigned declares, under pensity of Perjuty and other applicable pensities of the law that all of the information
submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the
undarsigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.)
And the state of t

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0n = 8/15/05

(562)

Telephone Number

Form LM-30 (2003)

Name of Person Filing Louie E Diaz	File Number U				
B. Held an interest in or derived income or oconomic bonofit with monetary value from a business (1) a substantial part of which consists of buying from sailing or leasing to or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively socking to represent, or (2) any part of which consists of buying from or sailing or teasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is intorested.					
8 Name and address of Business (including trade name if eny).	9 Business deats with				
Name					
Trade Name II any	e Lebor Organization				
PO Box, Bidg Room No If any	b Trust c Employer				
Street	C Employer				
City City					
State ZIP Code + 4					
10 If 9 b or 9 c is checked give trust or amployer's name	11.a Nature of such deating				
Name					
Trade Name If any					
P.O. Box, Bidg. Room No if any					
Street	11.b Approximate dollar value of such dealing.				
City	12.s Nature of interest held or income received.				
State ZIP Code + 4					
	12 b Amount.				
C Received from any employer (other than an employer covered unde	r certit A and B above)				
C Received from any employer (other than an employer covered under parts A end B above) or from any labor relations consultant to an employer any payment of money or other thing of value					
13.a. Name and address of Employer or Lebor Relations Consultant (Including trade name if any)	14.a Nature of payment.				
Name PacF@d Insurance Services	A Service provider that we deal with offen - provided tickets to				
Trade Name, If any	concert				
PO Box Bidg Room No Ifany Suite #100					
Street 9101 E Whittier Blvd					
Chy Pico Rivera					

14 b Amount of payment.

\$49 00

ZIP Code +4 90660

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or Consultant

State

CA

13.b is the Business an Employer  $\sim$